


**2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90209 017 \*\*\*\*61.25

**DOCUMENT # N00000001092**  
 1. Entity Name  
**OCEAN TERRACE OF JACKSONVILLE BEACH, INC.**



Principal Place of Business      Mailing Address  
**4040 WOODCOCK DR., SUITE 202**      **4040 WOODCOCK DR., SUITE 202**  
**JACKSONVILLE, FL 32207**      **JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**

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01252006 No Chg-NP CR2E037 (11/05)

FEI Number <b>58-2636448</b>	Applied For Not Applicable
b. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  
**WHITEFIELD, B. THOMAS**  
**4040 WOODCOCK DR., SUITE 202**  
**JACKSONVILLE, FL 32207**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia G. Hoff      DATE: 4/21/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITTS, LAURA 1107 S. FIRST ST., UNIT A JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFF, CYNTHIA 1107 S. FIRST ST., UNIT L JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASON, JAMES 1107 S. FIRST ST., UNIT E JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia G. Hoff      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR